

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000009578

1. Corporation Name

COLUMBIA PARK HEALTHCARE SYSTEM, INC.

Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203
US

Mailing Address

P O BOX 750
ATTN: TAX DEPT
NASHVILLE TN 37203
US

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicant

(If Officer or Director, Signature, typed or printed name, and title)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	[] DELETE
P	GRINNEY, JAY	ONE PARK PLAZA	NASHVILLE TN	
DSVA	DONAHEY, KENNETH	ONE PARK PLAZA	NASHVILLE TN 37203	X DELETE
DV	ELTON, ROSALYN	ONE PARK PLAZA	NASHVILLE TN 37203	X DELETE
AS	BLACKWOOD, DORA A	ONE PARK PLAZA	NASHVILLE TN 37203	X DELETE
V	JOHNSON, R. M	ONE PARK PLAZA	NASHVILLE FL	[] DELETE
VPS	FRANCK, JOHN	ONE PARK PLAZA	NASHVILLE TN	[] DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP

David Denson

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3-29-99

99 APR -2 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1994

4. FEI Number

61-1254801

Applied For
Not Applicable

5. Certificate of Status Desired []

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution []

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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